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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kreativa	For Kids	
DOCUMENT NUMBER: PO 40000	99394	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Lorie	Fur niss	
Name o	of Contact Person	
Kreati	va for Kids	
្រ.	m/ Company	
13482 S	a 131 Street	
	Address	
Miami Fl City/so	ate and Zip Code	
E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, please	se call:	
Loric Fornus Name of Contact Person	at (365) 776-9 Area Code & Daytime Tele	1349 phone Number
Enclosed is a check for the following amount made	payable to the Florida Departr	ment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 1 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		nc·		AM 10:31
(Name of Corporation as curr	ently filed with	the Florida Dept.	of State)	YOFCE
P04000	0099394		~35	EE FLORIE
	mber of Corporat			TUDA
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statut	es, this <i>Florida P</i>	Profit Corporation ado	pts the followi
If amending name, enter the new name of	of the corporatio	n:		
•				The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "C	orp," "Inc," or "C	Co". A professional c	
. Enter new principal office address, if apprincipal office address <u>MUST BE A STREI</u>				_
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Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				_
			i	
. If amending the registered agent and/or new registered agent and/or the new reg			la, enter the name of t	<u>the</u>
New Registered Office Address:	(Flori	ida street address)		
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if change thereby accept the appointment as registered to the appointment as registered.	agent. I am fami	iliar with and acce		e position.
	Signature of New	Pagistared Agent	if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added; (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>		Address		Type of Action
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(1 <i>j n</i> c	ot applicable, indica	te N/A)	_		
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The date of e	each amendmen	t(s) adoption: .		7-1	6-1	/ଚ			
Effective dat	te <u>if applicable</u> :	7/15/2	(da .010	ate of adop	otion is req	uired)			
	· · · · · · · · · · · · · · · · · · ·	(no more that	n 90 day	rs after am	endment fi	le date)			
Adoption of	Amendment(s)	(0	CHECK	ONE)					
	ndment(s) was/we areholders was/w	•			The number	er of votes	cast for th	ie amendment(s	;)
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"The	number of votes	cast for the am	endmen	ıt(s) was/w	ere suffici	ent for app	roval		
by _		(voting group)	\			."			
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	ndment(s) was/we as not required.	re adopted by t	he board	d of directe	ors withou	t sharehold	ler action	and shareholde	r
	ndment(s) was/we as not required.	re adopted by t	he incor	rporators w	vithout sha	reholder a	ction and	shareholder	
•	Dated	116/10	_ <u> </u>	***	.				
		a director, pre		r other off					
		ected, by an inc pointed fiduciar				fareceive	r, trustee,	or other court	
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		HWA	Typed o	r printed n	name of pe	rson signin	g)		
		PRES	, 31 D (ent					
				on signing	7)			 .	